

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Scott R. Peterson

Serial No.: Unknown

Filing Date: December 31, 2003

For: LOADING TOOL

Docket No.: 1001.1417102

Examiner in immediately preceding
parent app: Jessica R. Baxter

Anticipated Group Art Unit: 3731

22154 U.S. PTO
10/749318**TRANSMITTAL SHEET****Mail Stop: Patent Application**

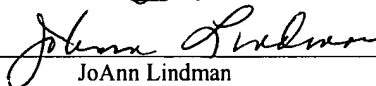
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV315607603US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 31 day of December, 2003.

By


JoAnn Lindman

Dear Sir or Madame:

We are transmitting herewith the attached Patent Application, which is a Continuation of prior Application Serial No. 09/976,660 under 37 C.F.R. §1.53(b). The Continuation Application includes the following:

- [X] 15 (Fifteen) Sheets of Specification.
- [X] 32 (Thirty Two) Claims.
- [X] 1 (One) Sheet of Abstract.
- [X] 2 (Two) Sheets of Formal Drawings.
- [X] Copy of the Executed Declaration and Power of Attorney from a prior application.

**** The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.**

[X] An Assignment of the invention to *SCIMED LIFE SYSTEMS, INC.* was filed in a prior application on October 10, 2001 and recorded at Reel 012255, Frame 0350. (No copy is included).

[X] A Preliminary Amendment

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.

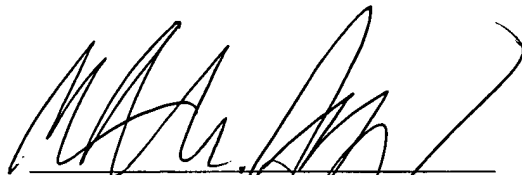
FOR:	# FILED	# EXTRA	RATE	FEE
BASIC FEE				\$770
TOTAL CLAIMS	32- 20 =	12	x18=	\$216
INDEPENDENT CLAIMS	3 - 3 =	0	x86=	\$
TOTAL FILING FEE			\$ 986.00	

[X] A check in the amount of \$986.00 is enclosed.

[X] Return Receipt Postcard

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:


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